

Case 23-12726 Doc 20 Filed 05/18/23 Page 1 of 22  
**EMERGENCY**

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND  
[at Greenbelt]**

USBC-MD 6 FILED  
18 MAY '23 PM 2:01

**IN RE: JOHN PETER BARKMEYER**

**Debtor(s) Case No. 23-12726**

**DEBTOR**

**Chapter 13**

**MOTION TO RECONSIDER ORDER DISMISSING CASE.**

Order Dismissing Case was issued by the Honorable Maria Ellena Chavez-Ruark signed on May 3<sup>rd</sup>, 2023, and Entered May 4<sup>th</sup>, 2023. Order was issued due to the DEBTOR'S failure to provide Schedules as Ordered by the Honorable Maria Ellen Chavis-Ruark. This request is due to recent discoveries as of May 1<sup>st</sup>, 2023, and a Medical Emergency.

**Problems:**

- 1) The debtor was not able to deliver <sup>2</sup>schedules as Ordered by the court due to a broken foot on May 2, 2023. Medical discharge cover sheet from the Emergency Room at the WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA is included with this MOTION. The injury required bed rest ordered by the attending physician until able to walk and support weight with a walking boot.
- 2) While on bed rest DEBTOR was notified by DEFENSE FINANCE ACCOUNTING SERVICE(DFAS) of a liability not previously known. The reported debt by DFAS is a total of

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18 MAY '23 PM 2:02

\$4255.16. However, due to the recent discovery DFAS has not yet provided information about the debt beyond its existence. This was not known until May 3rd, 2023. Monthly Retiree Account Statement (eRAS) for March 2023 and April 2023 are included with this Motion.

3) Undisclosed Financials/Unreported Financials. The DEBTOR was divorced on November 17, 2020. While completing the Schedules as required by the Bankruptcy Court, the DEBTOR has discovered that financials were not disclosed during his divorce case. This adds complexity as the DEBTOR'S Ex-wife is a Japanese National, who has re-located to Japan since the Divorce Agreement was signed.

I request the court an opportunity to make oral pleadings to the Honorable Maria Ellen Chavis-Ruark to seek the decision of the Court prior to proceeding/taking any further action. Based on problem #2 and 3, I believe that I cannot submit the schedules as Ordered without conscionably committing perjury to the Court. Additionally, the discovery of unreported Financials during my divorce invalidates my Divorce Agreement.



John Peter Barkmeyer - DEBTOR

760-218-6457

**UNITED STATES BANKRUPTCY COURT**  
**FOR THE DISTRICT OF MARYLAND**

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18 MAY 23 PM 2:02

**[at Greenbelt]**

**IN RE: JOHN PETER BARKMEYER**

**Debtor(s) Case No. 23-12726**

**DEBTOR**

**Chapter 13**

**CERTIFICATE OF SERVICE**

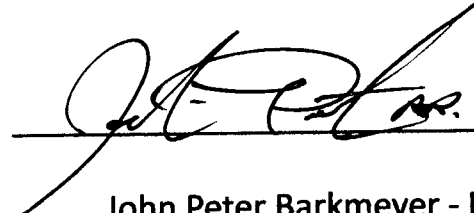
I hereby certify that on the 18<sup>th</sup> day of May, 2023, a copy of

“Motion to Reconsider Order Dismissing Case” was mailed first class mail, postage prepaid to:

- 1) DEFENSE FINANCE AND ACCOUNTING SERVICE  
U.S. MILITARY RETIRED PAY  
8899 E 56TH STREET  
INDIANAPOLIS, IN 46249-1200
- 2) NAVY FEDERAL CREDIT UNION  
820 FOLLIN LANE SE  
VIENNA, VA 22180-4907
- 3) TMOBILE/SPRINT  
PO BOX 37380  
ALBUQUERQUE, NM 87176-7380

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- 4) USAA  
9800 FREDERICKSBURG RD.  
SAN ANTONIO, TX 78288
- 5) WASHINGTON GAS  
ANCP DESK 6801 INDUSTRIAL RD.  
SPRINGFIELD, VA 22151
- 6) PEPCO HOLDINGS, INC.  
701 9TH STREET NW  
WASHINGTON DC 20068-0001
- 7) TESLA SOLAR  
3055 CLEARVIEW WAY  
SAN MATEO, CA, 94402
- 8) WASHINGTON SUBURBAN SANITARY COMMISSION  
14501 SWEITZER LN  
LAUREL, MD 20707
- 9) VERIZON FIOS  
P.O. BOX 16801  
NEWARK, NJ 07101-6801
- 10) COHN, GOLDBERG, & DEUTSCH  
1099 WINTERSON ROAD #301  
LINTHICUM HEIGHTS, MD 21090
- 11) MONTGOMERY COUNTY DISTRICT COURT  
191 EAST JEFFERSON STREET  
ROCKVILLE, MD 20850-2630



John Peter Barkmeyer - DEBTOR

## **CREDITOR MAILING MATRIX**

DEFENSE FINANCE AND ACCOUNTING SERVICE

U.S. MILITARY RETIRED PAY

8899 E 56TH STREET

INDIANAPOLIS, IN 46249-1200

NAVY FEDERAL CREDIT UNION

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VIENNA, VA 22180-4907

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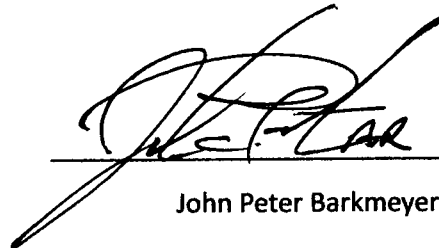
SAN MATEO, CA, 94402

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1099 WINTERSON ROAD #301  
LINTHICUM HEIGHTS, MD 21090

MONTGOMERY COUNTY DISTRICT COURT  
191 EAST JEFFERSON STREET  
ROCKVILLE, MD 20850-2630

  
John Peter Barkmeyer – DEBTOR

**0067A-Walter Reed Natl Mil Med Cntr**

8901 Wisconsin Ave  
BLDG 9  
Bethesda, MD 20889-5000

Patient Name: **Barkmeyer, John Peter**

MRN: 10687556000001

FIN: 61163316

Sex/DOB/Age: Male 11/13/1979 43 years

DOD ID (EDIPI): 1187856147

Admit: 5/2/2023

Disch: 5/2/2023

Admitting:

Location: 0067A-EM-ER; WR

Veterans ID (ICN):

**Emergency Documentation**

Document Type:

ED/UC Patient Summary

Service Date/Time:

5/5/2023 08:43 EDT

Result Status:

Auth (Verified)

Perform Information:

LANDEROS,FAITH I (5/5/2023 08:43 EDT)

Sign Information:

LANDEROS,FAITH I (5/5/2023 08:43 EDT)

**0067A-Walter Reed Natl Mil Med Cntr**

Emergency Medicine

8901 Wisconsin Ave, Bethesda, MD 20889--500

Phone:

**Barkmeyer, John Peter**

**DOB:** 11/13/1979

**MRN:** 10687556000001

**Visit Date:** 05/02/2023

**Discharge Instructions**

We would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

**Diagnosis from Today's Visit**

Fracture of metatarsal bone

**Tests Performed**

**Radiology**

XR Ankle Complete 3+ Views Right 05/02/2023 09:18 EDT

XR Foot Complete 3+ Views Right 05/02/2023 09:18 EDT

This information has been disclosed to you from federal health records in accordance with a legal request. Unless you are the subject of the record, federal laws may prohibit you from making a further disclosure of this record for a purpose other than why the information was provided to you. If this record contains substance abuse information, it is protected by 42 CFR Part 2 and/or 38 U.S.C. 7332 and the redisclosure restrictions of those federal laws on individuals who are not the subject of the record apply.

## 0067A-Walter Reed Natl Mil Med Cntr

Patient Name: **Barkmeyer, John Peter**

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**Emergency Documentation****Education Materials****Walking Boot, Adult**

A walking boot holds your foot or ankle in place after an injury or a medical procedure. This helps with healing and prevents further injury. It has a hard, rigid outer frame that limits movement and supports your foot and leg. The inner lining is a layer of padded material. Walking boots also have adjustable straps to secure them over the foot and leg.

A walking boot may be prescribed if you can put weight (bear weight) on your injured foot. How much you can walk while wearing the boot will depend on the type and severity of your injury.

**How to put on a walking boot**

There are different types of walking boots. Each type has specific instructions about how to wear it properly. Follow instructions from your health care provider, such as:

- Ask someone to help you put on the boot, if needed.
- Sit to put on your boot. Doing this is more comfortable and helps to prevent falls.
- Open up the boot fully. Place your foot into the boot so your heel rests against the back.
- Your toes should be supported by the base of the boot. They should not hang over the front edge.
- Adjust the straps so the boot fits securely but is not too tight.
- **Do not** bend the hard frame of the boot to get a good fit.

**How to walk with a walking boot**

How much you can walk will depend on your injury. Some tips for managing with a boot include:

- **Do not** try to walk without wearing the boot unless your health care provider approves.
- Use other assistive walking devices, including crutches or canes, as told by your health care provider.
- On your uninjured foot, wear a shoe with a heel that is close to the height of the walking boot.
- Be careful when walking on surfaces that are uneven or wet.

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**Emergency Documentation****How to reduce swelling while using a walking boot**

- Rest your injured foot or leg as much as possible.
- If directed, put ice on the injured area. To do this:
  - 46 Put ice in a plastic bag.
  - 46 Place a towel between your skin and the bag.
  - 46 Leave the ice on for 20 minutes, 2–3 times a day.
  - 46 Remove the ice if your skin turns bright red. This is very important. If you cannot feel pain, heat, or cold, you have a greater risk of damage to the area.
- Keep your injured foot or leg raised (elevated) above the level of your heart for at least 2–3 hours each day or as told by your health care provider.
- If swelling gets worse, loosen the boot. Rest and elevate your foot and leg.

**How to care for your skin and foot while using a walking boot**

- Wear a long sock to protect your foot and leg from rubbing inside the boot.
- Take off the boot one time each day to check the injured area. Check your foot, the surrounding skin, and your leg to make sure there are no sores, rashes, swelling, or wounds. The skin should be a healthy color, not pale or blue.
- Try to notice if your walking pattern (gait) in the boot is fairly normal and that you are walking without a noticeable limp.
- Follow instructions from your health care provider about taking care of your incision or wound, if this applies.
- Clean and wash the injured area as told by your health care provider.
- Gently dry your foot and leg before putting the boot back on.

**Removing your walking boot**

Follow directions from your health care provider for removing the walking boot. Generally, it is okay to remove your walking boot:

- When you are resting or sleeping.
- To clean your foot and leg.

**How to keep the walking boot clean**


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***Emergency Documentation***

- **Do not** put any part of the boot in a washing machine or dryer.
- **Do not** use chemical cleaning products. These could irritate your skin, especially if you have a wound or an incision.
- **Do not** soak the liner of the boot.
- Use a washcloth with mild soap and water to clean the frame and the liner of the boot by hand.
- Allow the boot to air-dry completely before you put it back on your foot.

**Follow these instructions at home:****Activity**

Your activity will be restricted depending on the type and severity of your injury. Follow instructions from your health care provider. Also:

- Bathe and shower as told by your health care provider.
- **Do not** do any activities that could make your injury worse.
- **Do not** drive if your affected foot is the one that you use for driving.

**Contact a health care provider if:**

- The boot is cracked or damaged.
- The boot does not fit properly.
- Your foot or leg hurts.
- You have a rash, sore, or open sore (ulcer) on your foot or leg.
- The skin on your foot or leg is pale.
- You have a wound or incision on the foot and it is getting worse.
- Your skin becomes painful, red, or irritated.
- Your swelling does not get better or it gets worse.

**Get help right away if:**

- You have numbness in your foot or leg.
- The skin on your foot or leg is cold, blue, or gray.

**Summary**

- A walking boot holds your foot or ankle in place after an injury or a medical procedure.
- There are different types of walking boots. Follow instructions about how to correctly wear your boot.
- Ask someone to help you put on the boot, if needed.
- It is important to check your skin and foot every day. Call your health care provider if you notice a rash or sore on your foot or leg.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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**Emergency Documentation**

Document Revised: 10/11/2021 Document Reviewed: 10/11/2021 Elsevier Patient Education © 2022 Elsevier Inc.

**Metatarsal Fracture**

Metatarsals



A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot. This may also be called a forefoot fracture. A metatarsal fracture may be:

- A crack in the surface of the bone (stress fracture). This often occurs in athletes.
- A break all the way through the bone (complete fracture).

The bone that connects to the little toe (fifth metatarsal) is most commonly fractured. Ballet dancers often fracture this bone.

**What are the causes?**

A metatarsal fracture may be caused by:

- Sudden twisting of the foot.
- Falling onto the foot.
- Something heavy falling onto the foot.
- Overuse or repetitive exercise.

**What increases the risk?**

This condition is more likely to develop in people who:

- Play contact sports.
- Do ballet.
- Have a condition that causes the bones to become thin and brittle (osteoporosis).
- Have a low calcium level.

**What are the signs or symptoms?**

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**Emergency Documentation**

Symptoms of this condition include:

- Pain that gets worse when walking or standing.
- Pain when pressing on the foot or moving the toes.
- Swelling.
- Bruising on the top or bottom of the foot.

**How is this diagnosed?**

This condition may be diagnosed based on:

- Your symptoms.
- Any recent foot injuries you have had.
- A physical exam.
- An X-ray of your foot. If you have a stress fracture, it may not show up on an X-ray, and you may need other imaging tests, such as:
  - 46 A bone scan.
  - 46 CT scan.
  - 46 MRI.

**How is this treated?**

Treatment depends on how severe your fracture is and how the pieces of the broken bone line up with each other (alignment). Treatment may involve:

- Wearing a cast, splint, or supportive boot on your foot.
- Using crutches, and **not** putting any weight on your foot.
- Having surgery to align broken bones (open reduction and internal fixation, ORIF).
- Physical therapy.
- Follow-up visits and X-rays to make sure you are healing.

**Follow these instructions at home:****If you have a splint or a supportive boot:**

- Wear the splint or boot as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint or boot if your toes tingle, become numb, or turn cold and blue.
- Keep the splint or boot clean.
- If your splint or boot is not waterproof:
  - 46 **Do not** let it get wet.
  - 46 Cover it with a watertight covering when you take a bath or a shower.

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**Emergency Documentation****If you have a cast:**

- **Do not** stick anything inside the cast to scratch your skin. Doing that increases your risk for infection.
- Check the skin around the cast every day. Tell your health care provider about any concerns.
- You may put lotion on dry skin around the edges of the cast. **Do not** put lotion on the skin underneath the cast.
- Keep the cast clean.
- If the cast is not waterproof:
  - 46 **Do not** let it get wet.
  - 46 Cover it with a watertight covering when you take a bath or a shower.

**Activity**

- **Do not** use your affected leg to support your body weight until your health care provider says that you can. Use crutches as directed.
- Ask your health care provider what activities are safe for you during recovery, and ask what activities you need to avoid.
- Do physical therapy exercises as directed.

**Driving**

- **Do not** drive or use heavy machinery while taking pain medicine.
- **Do not** drive while wearing a cast, splint, or boot on a foot that you use for driving.

**Managing pain, stiffness, and swelling**

- If directed, put ice on painful areas:
  - 46 Put ice in a plastic bag.
  - 46 Place a towel between your skin and the bag.
  - 52 If you have a removable splint or boot, remove it as told by your health care provider.
  - 52 If you have a cast, place a towel between your cast and the bag.
  - 46 Leave the ice on for 20 minutes, 2–3 times a day.
- Move your toes often to avoid stiffness and to lessen swelling.
- Raise (elevate) your lower leg above the level of your heart while you are sitting or lying down.

**General instructions**


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Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

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- **Do not** put pressure on any part of the cast or splint until it is fully hardened. This may take several hours.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. These can delay bone healing. If you need help quitting, ask your health care provider.
- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider if you may take showers.
- Keep all follow-up visits as told by your health care provider. This is important.

**Contact a health care provider if you have:**

- Pain that gets worse or does not get better with medicine.
- A fever.
- A bad smell coming from your cast or splint.

**Get help right away if you have:**

- Any of the following in your toes or your foot, even after loosening your splint (if applicable):
  - 46 Numbness.
  - 46 Tingling.
  - 46 Coldness.
  - 46 Blue skin.
- Redness or swelling that gets worse.
- Pain that suddenly becomes severe.

**Summary**

- A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot.
- Treatment depends on how severe your fracture is and how the pieces of the broken bone line up with each other (alignment). This may include wearing a cast, splint, or supportive boot, or using crutches. Sometimes surgery is needed to align the bones.
- Ice and elevate your foot to help lessen the pain and swelling.
- Make sure you know what symptoms should cause you to get help right away.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 03/24/2022 Document Reviewed: 03/24/2022 Elsevier Patient Education © 2022 Elsevier Inc.

**Metatarsal Fracture**


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- A break all the way through the bone (complete fracture).

The bone that connects to the little toe (fifth metatarsal) is most commonly fractured. Ballet dancers often fracture this bone.

**What are the causes?**

A metatarsal fracture may be caused by:

- Sudden twisting of the foot.
- Falling onto the foot.
- Something heavy falling onto the foot.
- Overuse or repetitive exercise.

**What increases the risk?**

This condition is more likely to develop in people who:

- Play contact sports.
- Do ballet.
- Have a condition that causes the bones to become thin and brittle (osteoporosis).
- Have a low calcium level.

**What are the signs or symptoms?**

Symptoms of this condition include:

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- Pain that gets worse when walking or standing.
- Pain when pressing on the foot or moving the toes.
- Swelling.
- Bruising on the top or bottom of the foot.

**How is this diagnosed?**

This condition may be diagnosed based on:

- Your symptoms.
- Any recent foot injuries you have had.
- A physical exam.
- An X-ray of your foot. If you have a stress fracture, it may not show up on an X-ray, and you may need other imaging tests, such as:
  - 46 A bone scan.
  - 46 CT scan.
  - 46 MRI.

**How is this treated?**

Treatment depends on how severe your fracture is and how the pieces of the broken bone line up with each other (alignment). Treatment may involve:

- Wearing a cast, splint, or supportive boot on your foot.
- Using crutches, and **not** putting any weight on your foot.
- Having surgery to align broken bones (open reduction and internal fixation, ORIF).
- Physical therapy.
- Follow-up visits and X-rays to make sure you are healing.

**Follow these instructions at home:****If you have a splint or a supportive boot:**

- Wear the splint or boot as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint or boot if your toes tingle, become numb, or turn cold and blue.
- Keep the splint or boot clean.
- If your splint or boot is not waterproof:
  - 46 **Do not** let it get wet.
  - 46 Cover it with a watertight covering when you take a bath or a shower.

**If you have a cast:**

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- You may put lotion on dry skin around the edges of the cast. **Do not** put lotion on the skin underneath the cast.
- Keep the cast clean.
- If the cast is not waterproof:
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**Activity**

- **Do not** use your affected leg to support your body weight until your health care provider says that you can. Use crutches as directed.
- Ask your health care provider what activities are safe for you during recovery, and ask what activities you need to avoid.
- Do physical therapy exercises as directed.

**Driving**

- **Do not** drive or use heavy machinery while taking pain medicine.
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**Managing pain, stiffness, and swelling**

- If directed, put ice on painful areas:
  - 46 Put ice in a plastic bag.
  - 46 Place a towel between your skin and the bag.
    - 52 If you have a removable splint or boot, remove it as told by your health care provider.
    - 52 If you have a cast, place a towel between your cast and the bag.
  - 46 Leave the ice on for 20 minutes, 2–3 times a day.
- Move your toes often to avoid stiffness and to lessen swelling.
- Raise (elevate) your lower leg above the level of your heart while you are sitting or lying down.

**General instructions**

- **Do not** put pressure on any part of the cast or splint until it is fully hardened. This may take several hours.

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Admit: 5/2/2023

FIN: 61163316

Disch: 5/2/2023

Sex/DOB/Age: Male 11/13/1979 43 years

Admitting:

DOD ID (EDIPI): 1187856147

Veterans ID (ICN):

**Emergency Documentation**

- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. These can delay bone healing. If you need help quitting, ask your health care provider.
- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider if you may take showers.
- Keep all follow-up visits as told by your health care provider. This is important.

**Contact a health care provider if you have:**

- Pain that gets worse or does not get better with medicine.
- A fever.
- A bad smell coming from your cast or splint.

**Get help right away if you have:**

- Any of the following in your toes or your foot, even after loosening your splint (if applicable):
  - 46 Numbness.
  - 46 Tingling.
  - 46 Coldness.
  - 46 Blue skin.
- Redness or swelling that gets worse.
- Pain that suddenly becomes severe.

**Summary**

- A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot.
- Treatment depends on how severe your fracture is and how the pieces of the broken bone line up with each other (alignment). This may include wearing a cast, splint, or supportive boot, or using crutches. Sometimes surgery is needed to align the bones.
- Ice and elevate your foot to help lessen the pain and swelling.
- Make sure you know what symptoms should cause you to get help right away.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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**Allergies**

No Known Medication Allergies

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

0067A-Walter Reed Natl Mil Med Cntr

Patient Name: **Barkmeyer, John Peter**

MRN: 10687556000001

Admit: 5/2/2023

FIN: 61163316

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Sex/DOB/Age: Male 11/13/1979 43 years

Admitting:

DOD ID (EDIPI): 1187856147

Veterans ID (ICN):

***Emergency Documentation***

## Additional Information

**Call 911 if the patient has:**

A very pale, gray or blue skin color

Trouble waking up

Continuous vomiting

Difficulty breathing

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Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

0067A-Walter Reed Natl Mil Med Cntr

Patient Name: **Barkmeyer, John Peter**

MRN: 10687556000001

Admit: 5/2/2023

FIN: 61163316

Disch: 5/2/2023

Sex/DOB/Age: Male 11/13/1979 43 years

Admitting:

DOD ID (EDIPI): 1187856147

Veterans ID (ICN):

***Emergency Documentation***

**Patient Name:** Barkmeyer, John Peter

**I have received this information and my questions have been answered.**

**Patient/Representative Name:** \_\_\_\_\_

**Patient/Representative Signature:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Witness Name/Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Electronically Signed on: 05/05/2023 08:43 EDT

\_\_\_\_\_  
LANDEROS, FAITH I

Unless you are the subject of the record, protections under 42 CFR Part 2 and/or 38 U.S.C. 7332 may apply.

**RETIREE ACCOUNT STATEMENT**

<b>STATEMENT EFFECTIVE DATE</b> Apr 20, 2023	<b>NEW PAY DUE AS OF</b> MAY 01, 2023	<b>SSN</b> ***-**-9684
<b>PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES</b>  P01 JOHN PETER BARKMEYER USN 2710 DEER RIDGE DR SILVER SPRING MD 20904-7100		<b>DFAS-CL POINTS OF CONTACT</b>  <b>Defense Finance and Accounting Service</b> <b>US Military Retirement Pay</b> 8899 E 56th Street Indianapolis, IN 46249-1200  <b>COMMERCIAL 317-212-0551</b> <b>TOLL FREE 1-800-321-1080</b> <b>TOLL FREE FAX 1-800-469-6559</b>  <b>myPay</b> <a href="https://myPay.dfas.mil">https://myPay.dfas.mil</a>

**PAY ITEM DESCRIPTION**

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	.00	2,034.00	ALLOTMENTS	.00	147.07
SBP COSTS	.00	157.17	FORMER SPOUSE DED	.00	1,017.00
TAXABLE INCOME	.00	859.83	DEBTS	.00	281.52
			NET PAY	.00	431.24

**PAYMENT ADDRESS**

PAYMENT ADDRESS	YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)
DIRECT DEPOSIT	<b>TAXABLE INCOME:</b> 3,439.32 <b>FEDERAL INCOME TAX WITHHELD:</b> .00

**TAXES**

<b>FEDERAL WITHHOLDING STATUS:</b>	SINGLE
<b>TOTAL EXEMPTIONS:</b>	00

**SURVIVOR BENEFIT PLAN (SBP) COVERAGE**

<b>SBP COVERAGE TYPE:</b>	<b>SPOUSE ONLY</b>	<b>ANNUITY BASE AMOUNT:</b>	2,418.02
<b>SPOUSE ONLY COST:</b>	157.17		

THE ANNUITY PAYABLE IS 55% OF YOUR ANNUITY BASE AMOUNT WHICH IS 1,329.91  
 YOU HAVE BEEN CHARGED 37 MONTHS TOWARD YOUR 360 MONTHS OF PAID UP RC/SBP COVERAGE.  
 ONCE YOU HAVE PAID AT LEAST 360 MONTHS TOWARD YOUR COVERAGE AND TURN AGE 70, YOUR  
 COSTS WILL BE TERMINATED BUT YOUR COVERAGE WILL REMAIN ACTIVE.  
 SINCE YOU ELECTED THE CAREER STATUS BONUS, YOU HAVE ELECTED TO BASE YOUR  
 SURVIVOR BENEFIT PLAN ON THE GROSS PAY AMOUNT THAT WOULD HAVE BEEN IN EFFECT HAD  
 YOU NOT ELECTED THE CSB.

**RETIREE ACCOUNT STATEMENT**

<b>STATEMENT EFFECTIVE DATE</b> Mar 22, 2023	<b>NEW PAY DUE AS OF</b> MAR 31, 2023	<b>SSN</b> ***-**-9684
<b>PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES</b>  P01 JOHN PETER BARKMEYER USN 2710 DEER RIDGE DR SILVER SPRING MD 20904-7100		<b>DFAS-CL POINTS OF CONTACT</b>  <b>Defense Finance and Accounting Service</b> <b>US Military Retirement Pay</b> <b>8899 E 56th Street</b> <b>Indianapolis, IN 46249-1200</b>  <b>COMMERCIAL 317-212-0561</b> <b>TOLL FREE 1-800-321-1080</b> <b>TOLL FREE FAX 1-800-469-6559</b>  <b>myPay</b> <b><a href="https://myPay.dfas.mil">https://myPay.dfas.mil</a></b>

**PAY ITEM DESCRIPTION**

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	.00	2,034.00	ALLOTMENTS	.00	147.07
SBP COSTS	.00	157.17	FORMER SPOUSE DED	.00	1,017.00
TAXABLE INCOME	.00	859.83	NET PAY	.00	712.76

**PAYMENT ADDRESS**

DIRECT DEPOSIT

**YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)**

TAXABLE INCOME:	2,579.49
FEDERAL INCOME TAX WITHHELD:	.00

**TAXES**

FEDERAL WITHHOLDING STATUS:	SINGLE
TOTAL EXEMPTIONS:	00

**SURVIVOR BENEFIT PLAN (SBP) COVERAGE**

SBP COVERAGE TYPE:	SPOUSE ONLY	ANNUITY BASE AMOUNT:	2,418.02
SPOUSE ONLY COST:	157.17		

THE ANNUITY PAYABLE IS 55% OF YOUR ANNUITY BASE AMOUNT WHICH IS 1,329.91  
 YOU HAVE BEEN CHARGED 36 MONTHS TOWARD YOUR 360 MONTHS OF PAID UP RC/SBP COVERAGE.  
 ONCE YOU HAVE PAID AT LEAST 360 MONTHS TOWARD YOUR COVERAGE AND TURN AGE 70, YOUR  
 COSTS WILL BE TERMINATED BUT YOUR COVERAGE WILL REMAIN ACTIVE.  
 SINCE YOU ELECTED THE CAREER STATUS BONUS, YOU HAVE ELECTED TO BASE YOUR  
 SURVIVOR BENEFIT PLAN ON THE GROSS PAY AMOUNT THAT WOULD HAVE BEEN IN EFFECT HAD  
 YOU NOT ELECTED THE CSB.